

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 113
Registered No. 67

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Arnulfo Cabral

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
In event of plural
births.

male

4. Twin, triplet or other

No. In order of birth

6. Legitimate?

Yes.

7. Date of birth

Apr. 3, 1929.
Month Day Year

8. FATHER

Full name

Alfonso Cabral

9. Residence

(Usual place of abode)

Globe Ariz.

If non-resident, give place and state.

10. Color or race

Mex.

11. Age at last birthday 26 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

miner

14. MOTHER

Full maiden name

Viviana Carrasco

15. Residence

(Usual place of abode)

Globe Ariz.

If non-resident, give place and state.

16. Color or race

Mex.

17. Age at last birthday 23 (Years)

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

3

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:50 P. m. on the date above stated
(Born alive or stillborn.)

Signature

T. E. Harper

Physician

(Physician or midwife).

Address

Globe Arizona

Filed

5/8

1929

S. E. Weighman

Registrar

Registrar

Month, day, year

Given name added from a supplemental report

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